

COURSE SYLLABUS

PT 632 INTEGRATED PATIENT MANAGEMENT SEMINAR (5 units) Fall 2016

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OFFICE HOURS: by appointment; generally, 7:30-8 am or 12 noon-1 pm Tuesday/Thursday;
Office location at G-33, suite G.

COURSE DESCRIPTION:

This third-year course stresses the integration and application of knowledge, skills and abilities acquired in the first two years of the entry-level DPT program to optimize physical therapy evaluation and management of patients across the lifespan with concurrent musculoskeletal, medical, cardiopulmonary and/or neurologic disorders.

COURSE PREREQUISITES

Satisfactory completion of all prior courses of the DPT program.

PURPOSE:

The purposes of this class are 1) To create an environment of higher learning where evaluation and management of patients with multiple disorders and multiple system involvement is assessed in light of treatment outcomes and contemporary research findings, and based on that assessment 2) to integrate the various options of patient evaluation and management into the current caseload of patients being seen in the concurrent clinical rotations (PT 660), and 3) integrate and apply the knowledge base presented in the first 2 years of the DPT curriculum into a comprehensive clinical management model.

COURSE SCHEDULE and LOCATION

The Schedule of Topics is provided as part of the Reading List.

Class will meet in CHP 157, Tuesdays and Thursdays, 8 am -12 noon (Sullivan Center).

Basic Daily Schedule Format

Individual Readiness Assessment Test (iRAT) on Reading Assignment handed out in prior class

Group Readiness Assessment Test (GRAT)

GRAT Discussion (Large group)

Discussion of clinical cases (periodic)

Repeated:

Presentation of patient case and Team Assignments

Team discussion and completion of Team Assignments

Large group discussion on Team Assignments

Reading assignment for next class

Peer evaluation (periodic)

INSTRUCTIONAL METHODS:

Discussion, tutorials, patient case presentations using a small group and Team Learning format will be used. Team Learning emphasizes sharing knowledge among members of a small Team of students, who then share their collective knowledge with the whole class. Each class begins with a test on pre-assigned readings related to the patient cases. After taking the test individually and turning it in, each team uses its collective knowledge to re-take the test and post their answers. Based on the accuracy of the Team answers, a discussion of the main topics with the entire class will ensue if necessary. Patient cases are presented next with tasks assigned to the teams. Each team presents its findings to the class. The procedure is repeated until the case is solved. Peer evaluation is a significant part of the team learning process, in which Teammates are assessed for their readiness and participation with the Team. Periodically we will discuss patients with whom you are currently working.

REQUIRED EQUIPMENT:

- A computer, tablet or smartphone with Internet access is required, to allow literature searches, access to full text of selected articles, posting reflective tweets, etc.
- A USC computer account to allow communication from the faculty and access to Blackboard.

RECOMMENDED EQUIPMENT:

1. See the Division Information Technology Requirements for recommended hardware/software.
2. Apps: besides those bundled with the iPad: SofTest, GoodReader (PDF storage and reader), Notability (note-taking and audio recording), Ubersense (video movement analysis); Blackboard.

REQUIRED TEXTS:

Full text of most of the assigned readings (as noted in the Reading List) are available online. Selected articles and book chapters required for the course will be made available via electronic reserve at Norris Medical Library. Case studies (tutorial cases) will be provided.

RECOMMENDED TEXTS:

All of the following texts were required in prerequisite DPT Program courses.

1. Hillegass, E. Essentials of Cardiopulmonary Physical Therapy, 3e. Saunders-Elsevier, 2011.
2. Campbell SK, Vander Linden DW, Palisano, RJ, Physical Therapy for Children, 4e. Philadelphia: WB Saunders, 2011.
3. Cleland, J. Netter's Orthopaedic Clinical Examination: An Evidence-Based Approach, 2e. Netter Clinical Science, 2010.
4. Goodman, Snyder: Differential Diagnosis in Physical Therapy, 5e. Elsevier, 2013.
5. Hillegass, Sadowsky. Essentials of Cardiopulmonary Physical Therapy, 3rd Ed., Saunders, 2011.
6. Neumann, DA. Kinesiology of the Musculoskeletal System: Foundations for physical rehabilitation, 2e. Mosby, 2009
7. Dutton, M. Orthopaedic: Examination, Evaluation and Intervention, 3rd Ed. Saunders/Elsevier, 2012.
8. Schuenke, M. THIEME Atlas of Anatomy: A) General Anatomy and Musculoskeletal System. Thieme Medical Publishing, 2006.
9. Plazcek J, Boyce D. Orthopedic Physical Therapy Secrets. Mosby Elsevier, 2006.
10. Fethers Linda; Tilson, Julie. Evidence-based Physical Therapy. FA Davis, 2012.
11. Davenport TE, Kulig K et al. Diagnosis for Physical Therapists. A symptom-based approach. FA Davis, 2013.
12. Sueki D, Brechter J. Orthopedic Rehabilitation Clinical Advisor. Mosby Elsevier, 2010.

EVALUATION & GRADING:

IRAT	20%
Oral Examination (Midterm)	20%
Written Examination (Midterm)	20%
Case presentation: Individual and Team	25%
Peer Evaluation	10%
Reflective practice	5%

An *Individual Readiness Assessment Test* (IRAT) will be given almost every day of class. Most tests will begin promptly at 8am. The format is similar to the Licensure exam (multiple choice), and will use ExamSoft/SofTest. NO make-ups and NO additional time will be given to complete the iRAT for absent/tardy students. In lieu of make-up IRATs, the two lowest scores will be dropped prior to calculating cumulative iRAT scores.

The *oral examinations* will be 20 minutes long and based on a patient case provided during the exam. Each student will have 20 minutes prior to the oral exam to review the case and prepare for the ensuing questions. The oral exam format will be one student responding to questions posed by two faculty. If a score of $\leq 72\%$ (C-) is earned, the student will be required to retake the oral exam. Additional assignments may also be given at the discretion of the faculty. Only one retake is allowed, and the highest score obtainable on the retake will be a 73 (C). **Failure to pass the Oral Exam will result in failure in the Course regardless of the overall course grade earned.** The *written examination* will consist of a multiple choice (format similar to the State Board Examination) and short answer test. Topics will be from the readings and cases. No retakes are allowed regardless of score earned.

The *case presentation* will be by the individual student to their respective Teams, and by the Team to the class. The case will be a patient currently being managed in the part time clinical rotation. Each Team will choose one case from all of their Team members' presentations, develop a set of learning objectives, design Team Assignments and an Instructor's Guide, present the case, and facilitate the rest of the class through the Team Assignments.

Each student will evaluate his or her peers in a *Peer evaluation* based on class performance in small group discussions, preparedness to present and discuss assigned topics, flexibility, professionalism, and respect. The criteria for these assessments will be provided. This peer assessment is mandatory.

Students will demonstrate reflective practice by posting, at least once per week, an observation about their experiences in the clinic. Posts will be made using Twitter to the list USCPT632 managed by Dr. Cozby (@jasoncozby). All posts must be HIPAA compliant. Credit will be given based on the depth of the reflection, it's relevance to current/past coursework, relation to current/past patients or clinical experiences, and the post's ability to generate discussion on Twitter or elsewhere amongst their peers.

EXAM DATES: *No changes from the scheduled examination dates will be made. Don't ask.*

Midterm Written Exam: Thursday, March 3, 2016: 8-10 am

Midterm Oral Exam: Thursday, March 3: 7am –12 noon. The Written and Oral exams will run concurrently. Specific test times will be assigned based on Team RAT performance, better scoring Teams having first choice over Teams with lower scores.

Final Exam: Team Case Presentations: Thursday, April 21, 2016, and Tuesday, April 26, 2016.

The Team scores in the Team RAT will determine presentation times, better scoring Teams having first choice over Teams with lower scores. Final Instructor's Guide, CATs, and Student Handouts are due Thursday, April 14, 2016 @8am. (1 week prior to the 1st presentation).

GRADING SCALE:

Passing grades:		Non-passing grades:	
93 -100	A	70 - 72	C-
90 - 92	A-	67 - 69	D+
87 - 89	B+	63 - 66	D
83 - 86	B	60 - 62	D-
80 - 82	B-	< 60	F
77 - 79	C+		
73 - 76	C		

Note that a grade of C- is considered a failing grade in the Graduate School. Per Division Policy, "When a final course grade of C- is earned by a student in any academic course, the student must repeat or test out of the course." In PT 632, one (1) retest of the Oral Midterm exam will be allowed, scheduled at faculty convenience. The highest score obtainable on the retake will be a 73 (C). **Failure to pass the Oral Exam will result in failure in the Course regardless of the overall course grade earned.** Because the Team Case Presentation is used in place of a Final Exam, a failing grade on the Team Case Presentation cannot be made up, and will result in a Failure in the course. Each student is responsible for reading and understanding the University and Division policies on grading, consequences for failure, reconciliation of grades, and remediation options; see the University Catalog, *SCampus*, and Division's *DPT Student Handbook*.

MANDATORY MENTOR SESSIONS

PT 632 is a fast-paced course that stresses integrating and applying the course content from the first 2 years of PT school and from the part-time clinical rotation. In addition, the 11 units of Year 3 coursework will greatly influence a student's overall program GPA. The faculty wishes to provide each student with the optimal opportunity to succeed in this environment. Therefore, based on clinical or classroom performance the Year 3 faculty reserves the right to require students to attend weekly mentoring sessions. Students requiring mentoring will be informed in a timely manner, and further details of the mentoring sessions shall be explained at that time. Each student's progress will be reviewed after the midterm grades are calculated; based on this review a faculty member may release the student from the weekly mentor session or may make modifications in the attendance schedule.

PROFESSIONAL BEHAVIOR

Professional behavior is a defining characteristic of individuals belonging to a profession and is expected of all students at all times. Examples of appropriate behavior include displaying academic integrity, dressing professionally, and communicating with respect. Professional behavior will be evaluated by the course instructors, guest professors, and class peers. Expected behavior is described in the *DPT Program Student Handbook*.

ABSENCE NOTIFICATION

Students must use the E-mail Absence Notification system, <mailto:dptstudent.absence@ihpnet.usc.edu> when notifying the Division of your class and/or clinical absences (use the e-mail absence system for *each day* you are absent from class or your

clinical placement site). The e-mail absence message will simultaneously alert the following parties of your absence: the Assistant Director of Student Affairs (Janet Stevenson), the Director of the DPT Program (Rob Landel), the Front Office Coordinator (Veronica Perez), the Director of Clinical Education (Michael Simpson) and the Coordinator of Clinical Education. The Division will contact your course directors on your behalf.

In addition to using the absence e-mail system, students who are absent from their clinical rotations are required to also contact their clinical site each day they are absent. Please ensure that you speak to a live person since CI's (clinical Instructors) and CCCE's (Center Clinical Coordinator of Education) retrieve their messages at the end of the day. Sending an email or leaving a text message is unprofessional and an insufficient method for contacting the clinical site. Please refer to the *DPT Program Student Handbook* for more detailed instructions.

STATEMENT OF ACADEMIC INTEGRITY

The USC Division of Biokinesiology and Physical Therapy has maintained a commitment to the highest standards of ethical conduct and academic excellence. We expect all students to be honest and forthright in their academic studies. Students are expected to avoid:

- plagiarism (the use of the words or ideas of others that are not appropriately cited),
- unauthorized collaboration (using the work of another student or collaborating on assignments that are to be completed independently),
- cheating in an examination (using unauthorized materials during exams).

For the Student Conduct Code and Expectations of Student Conduct, refer to SCampus (<http://web-app.usc.edu/scampus/university-student-conduct-code/> and <http://web-app.usc.edu/scampus/1100-behavior-violating-university-standards-and-appropriate-sanctions/>).

Unless expressly identified otherwise, all work submitted in this course must be your own and produced exclusively for this course. Violations will be taken seriously and may result in an "F" for the course, suspension, and or expulsion. If you are in doubt regarding the requirements, please consult with the course director before you complete any course requirement.

STATEMENT FOR STUDENTS WITH DISABILITIES Special Accommodations

Disability Services and Programs (DSP) is dedicated to maintaining an environment that ensures all students with documented disabilities at USC equal access to its educational programs, activities and facilities. The accommodations are designed to level the playing field for students with disabilities, while maintaining the integrity and standards of USC's academic programs.

Those students who need to request accommodations should register online with the Office for Disability Services and Programs (DSP) within the first week of **each** academic term to discuss individual needs and arrange appropriate support services and strategies. (Email: ability@usc.edu; <http://www.usc.edu/disability>) Registering with the DSP office is confidential and will allow accommodations to be granted for a physical disability or a learning disability. This office is located on the on the University Park Campus in the Student Union Building, Room 301.

A letter from DSP specifying the necessary accommodations must be submitted to the Division's Student Affairs Coordinator at the beginning of **each** academic term. In addition, the student must provide a copy of the accommodation letter to each Course Director and discuss with them their individual needs. There will be no accommodations provided without this clearance from DSP; hence, the need to initiate the process early in the academic term prior to the start of academic term exams.

GENERAL COURSE OBJECTIVES

In the entry-level DPT curriculum, clinical sciences are built upon a foundation of basic science provided in the first semester. The student is progressively involved in direct patient care that builds upon the student's knowledge base of the 3 core clinical areas (musculoskeletal, neuromuscular, cardiopulmonary) and culminates in a case-based, integrated curriculum and full-time clinical experience in year 3.

The following Key Skills form the basis of the third-year Patient Case Tutorials.

At the completion of the entry-level DPT program the student will have the skill and ability to:

1. Determine if a patient is appropriate for physical therapy.
2. Integrate the information and skills from the orthopedic, cardiopulmonary and neurologic semesters.
3. Apply the information and skills from the orthopedic, cardiopulmonary and neurologic semesters.
4. Link pathologies, impairments, functional limitations, and disabilities into a statement of the patients' problem.
5. Integrate lifespan issues into the management of a patient.
6. Design and perform an examination that meets the needs of the patient, based on an on-going evaluation.
7. Design and perform an intervention plan that meets the needs of the patient, based on an on-going evaluation.
8. Demonstrate professional behavior at all times.
9. Demonstrate the ability to function within the healthcare system.
10. Demonstrate the habitual use of the principles of evidence-based practice.
11. Determine a patient prognosis based on the best available evidence.

In addition, at the conclusion of this course the student will meet the following expectations:

PATIENT/CLIENT MANAGEMENT EXPECTATION:**Screening**

1. Determine if a patient is appropriate for physical therapy.
2. Determine, by questioning and examination of the patient, the presence of any contraindications to physical therapy intervention.
3. Interpret the clinical findings and recognize those situations that require different expertise than those of the physical therapist and make the appropriate referral when additional expertise is needed.

Examination

4. Design an examination that meets the needs of the patient, based on an on-going evaluation.

Evaluation

5. Integrate the information and skills from the orthopedic, cardiopulmonary and neurologic semesters.
6. Apply the information and skills from the orthopedic, cardiopulmonary and neurologic semesters.
7. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
8. Link pathologies, impairments, functional limitations, and disabilities into a statement of the patients' problem.

Diagnosis

9. Analyze and interpret evaluative data and identify possible lesions causing the presenting signs and symptoms.
10. Interpret evaluation findings and relate them to common diagnostic problems.
11. Determine a patient diagnosis based on the best available evidence.

Prognosis

12. Determine a patient prognosis based on the best available evidence.
13. Set realistic and measurable physical therapy goals and a length of time for their achievement.

Plan of Care

14. Integrate lifespan issues into the management of a patient.
15. Design an intervention plan that meets the needs of the patient, based on an on-going evaluation.
16. Modify an intervention plan as needed to meet the needs of the patient, based on an on-going evaluation.
17. Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

Intervention

18. Demonstrate the ability to function within the healthcare system.

Outcomes Assessment

19. For a given patient problem, determine the most appropriate outcome assessment.
20. Given a patient problem, intervention and outcome, determine if the outcome is optimal and if not, what changes in the plan of care would make it so.

PROFESSIONAL PRACTICE EXPECTATION:**Accountability**

21. Demonstrate compassion in the design and performance of a patient evaluation.

Altruism

22. Given a patient scenario and choices of courses of action, make the altruistic choice.

Compassion/Caring

23. Demonstrate compassion in the design and performance of a patient evaluation.
24. Demonstrate compassion in the development of a patient's plan of care.

Integrity

25. Demonstrate professional behavior at all times.

Professional Duty

26. Participate in the assessment of peer's performance.

Communication

27. Demonstrate effective oral communication skills.
28. Demonstrate the ability to work well with others in a small group setting.
29. Effectively explain the necessary information to the patient receiving the treatment and to other health care providers involved in managing the patient.
30. Defend the rationale and therapeutic effects of a physical therapy management program.

Cultural Competence

31. Demonstrate cultural competence in peer interactions.
32. Demonstrate cultural competence in the development and delivery of a PT plan of care.

33. Interpret the influence of biological, psychological, cognitive, social and cultural factors on compliance and the achievement of the goals and determine appropriate actions to assure a successful outcome.

Clinical Reasoning

34. Demonstrate clinical reasoning in designing an efficient patient examination, including responding appropriately to data as it emerges.
35. Demonstrate clinical reasoning in designing an effective plan of care, including responding to the patient's response to intervention.
36. Analyze the appropriateness of evaluation and treatment processes and procedures during a colleague's patient case presentations.

Evidence-based Practice

37. Demonstrate the habitual use of the principles of evidence-based practice.
38. Analyze the scientific basis of physical therapy examination and intervention and its effectiveness.
39. Use the best available evidence to determine the optimal examination of a patient with a given set of diagnoses.
40. Use the best available evidence to determine the optimal plan of care for a given patient.

Education

41. Demonstrate the skills necessary for life-long learning.
42. Analyze and implement the methods of self-assessment for learning the cognitive processes associated with physical therapy evaluation and treatment.

PRACTICE MANAGEMENT EXPECTATION:**Prevention, Health Promotion, Fitness, and Wellness**

43. Integrate strategies that promote health, fitness and wellness and prevent the occurrence or re-occurrence of dysfunction.

Management of Care Delivery

44. Analyze the role of physical therapy in the management of musculoskeletal, cardiopulmonary and/or neurologic disorders.
45. Discuss appropriate delegation of certain tasks to physical therapy assistants, aides, students, and other caregivers.

Practice Management

46. Demonstrate choices in the delivery of patient management that are fiscally responsible.
47. Incorporate current local legislative issues into the development of a plan of care.

Consultation

48. Make the appropriate referral of patients who are not appropriate for physical therapy intervention.
49. Demonstrate, through role-playing, successful interactions with other health care providers when serving in a consultation role.

Social Responsibility and Advocacy

50. Integrate strategies that promote health, fitness and wellness and prevent the occurrence or re-occurrence of dysfunction.